

**Town of Ashburnham  
Policy Statement**

Policy Name:	<b>Inspector Mileage</b>	Policy Number:	003
Approval Authority:	Town Administrator	Applies to:	Inspectors
Adopted:	6/29/2017	Revised: --	Reviewed: --

**1.0 Policy Statement**

This policy covers how, when, and how much inspectors will be reimbursed for mileage incurred for inspections conducted.

**2.0 Reason for the Policy**

This policy is being implemented in order to better regulate mileage, comply with IRS guidelines, and allow for future expense planning.

**3.0 Scope of Policy**

This policy applies to all inspectors submitting for mileage reimbursement based on inspections conducted. This policy applies to all mileage incurred for inspectional services.

This policy does not apply to employees when submitting for mileage reimbursement to and from trainings, meetings, and conferences. Mileage for such activity shall be kept track of and submitted for approval in compliance with current Town practice/policy.

This policy does not apply to non-employees nor employees who do not currently receive mileage for inspectional services due to the use of a Town Vehicle.

This policy does not cover travel from one town building to another for a meeting/review of work.

This policy shall take effect July 1, 2017. The policy shall be reviewed every six months to ensure accurate compensation for current IRS mileage rates.

**4.0 Who does this policy apply to?**

Specifically, this policy applies to the: Building Commissioner, Local Building Inspector, Gas/Plumbing Inspector, Electrical Inspector, Conservation Agent and any/all alternates of such positions.

**5.0 Who is responsible for enforcing this policy?**

The Land Use Administrator is responsible to see that all appropriate paperwork is submitted in accordance with this policy and that paperwork is submitted on a timely basis.

**6.0 Definitions**

**Inspector/Employee:** shall mean the Building Commissioner, Local Building Inspector, Gas/Plumbing Inspector, Electrical Inspector, Conservation Agent and any/all alternates of such positions.

**Inspection:** shall mean any single on-site inspection/visit whether or not scheduled, a re-inspection, or an emergency basis.

**Land Use Administrator:** shall mean the person holding the position of Land Use Administrator, or any designee of such position.

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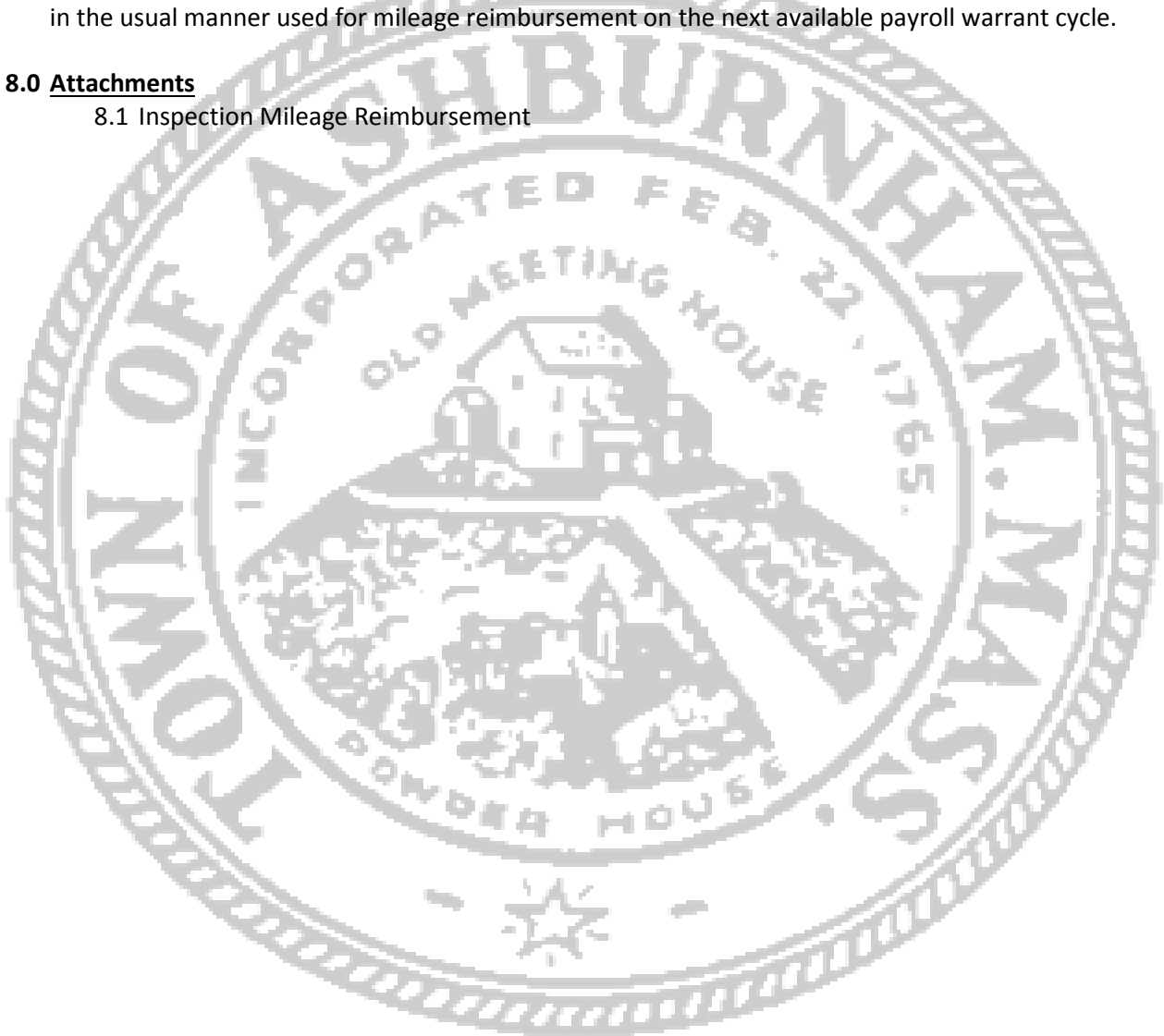
**7.0 Policy**

Any employee who goes out on an inspection shall make note of such inspection on the Attachment 8.1, "Inspection Mileage Reimbursement." Each inspection visit shall be marked separately. The total number of inspections in the month shall be calculated at the bottom of the form. The amount of \$4.00 per inspection will be the current rate for mileage reimbursement.

All inspections shall be kept track of on a monthly basis. No later than the 10<sup>th</sup> of the following month, the form, signed by employee, shall be submitted to the Land Use Administrator. Upon receipt of the form, Land Use Administrator shall review the form for accuracy and process the form in the usual manner used for mileage reimbursement on the next available payroll warrant cycle.

**8.0 Attachments**

8.1 Inspection Mileage Reimbursement



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**Attachment 8.1: Inspection Mileage Reimbursement Form**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Month Covered: \_\_\_\_\_

#	Date	Address of Inspection	Code	#	Date	Address of Inspection	Code
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Inspection Coding									
<b>E</b>	Evaluation	<b>FT</b>	Footings	<b>NP</b>	No Permit	<b>R</b>	Rough	<b>FC</b>	Fire Call
<b>F</b>	Final	<b>FN</b>	Foundation	<b>NA</b>	Not Applicable	<b>RF</b>	Rough Fail	<b>T</b>	Temporary
<b>FF</b>	Final Fail	<b>IN</b>	Insulation	<b>O</b>	Other	<b>SC</b>	Service Call	<b>U</b>	Underground

# of Inspections X \$4.00 = TOTAL  
\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_